

TECHNICIAN PERFORMANCE PLAN

(NON-SUPERVISORY)

Employee Name:

SSN:

Date:

Title/Grade/Series:

Rating Date From:

To:

Organization:

PERFORMANCE STANDARDS ELEMENTS

(MUST IDENTIFY A MINIMUM OF 1 CRITICAL ELEMENT, PLEASE CHECK APPROPRIATE BOX(S) AT LEFT)

☐

Work Performance

- Shows initiative in starting, carrying out and completing tasks
- Work product is thorough, accurate and in compliance with guidelines/directives

☐

Meets Standards

☐

Does Not Meet Standards

☐

Job Knowledge

- Demonstrates technical competence in areas of responsibility
- Renders appropriate and accurate technical advice

☐

Meets Standards

☐

Does Not Meet Standards

☐

Communication

- Expresses thoughts logically, clearly and accurately in verbal and written communications
- Open and approachable in resolving problems or conflicts

☐

Meets Standards

☐

Does Not Meet Standards

☐

Working Relationships

- Uses courtesy, tact and respect in dealing with others
- Develops efficient, effective and productive partnerships with co-workers
- Supports team initiatives, respects the views of others, and actively support team decisions

☐

Meets Standards

☐

Does Not Meet Standards

☐

Adaptability

- Demonstrates innovation and seeks to improve technical and business skills
- Flexible in adjusting to changing work environment

☐

Meets Standards

☐

Does Not Meet Standards

☐☐

Meets Standards

☐

Does Not Meet Standards

☐☐

Meets Standards

☐

Does Not Meet Standards

☐☐

Meets Standards

☐

Does Not Meet Standards

PART II PROGRESS REVIEW

Date of review and initials of employee and rating official (semi-Annual review required). This does not replace the requirement to record on NGB 904-1. Comments may be entered in part VI.

Date: _____ Employees Initials: _____ Rating Official _____

PART IIA PROBATION REVIEW

☐ Recommend Retention

☐ Recommend Non-Retention

Employee Signature: _____ Date: _____

Rating Official Signature: _____ Date: _____

Comments are required in part VI to support a recommendation of Non-Retention.

PART III SUMMARY RATING

PLEASE CHECK THE APPROPRIATE BOX

☐ MEETS STANDARDS

☐ DOES NOT MEET STANDARDS

Space is provided to summarize the basis for rating. A “Does Not Meet Standards” rating requires explanation; comments must be measurable and must justify the rating in any critical element and requires establishment of a Performance Improvement Plan (PIP) as per TPR 430 dtd 1 Oct 97 as supplemented.

PART IV EMPLOYEE FEEDBACK

Please answer the question by checking the appropriate box. Feel free to comment on any subject. A “No” response requires a written reason in the comments area.

Are you provided the appropriate resources and training you require to perform your job?

☐ Yes ☐ No Please comment below

Are new tasks clearly defined?

☐ Yes ☐ No Please comment below

Are you told when you are doing a good job?

☐ Yes ☐ No Please comment below

Are the Unit goals/objectives clearly defined?

☐ Yes ☐ No Please comment below

Additional comments

PART V CERTIFICATION

Employee's signature certifies review and discussion with the Rating Official. It does not necessarily mean that the employee concurs with the information on this form.

Performance Standard (Sign when standard is established and annually thereafter)	Appraisal (Sign when appraisal is completed)
Employee Date _____	Employee Date _____
Rating Official Date _____	Rating Official Date _____
Reviewing Official Date _____	Reviewing Official Date _____

PART VI REMARKS

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